



Michigan Department of Environmental Quality
Waste and Hazardous Materials Division

INSTRUCTIONS FOR COMPLETING
LIQUID INDUSTRIAL WASTE UNIFORM PROGRAM FEE WORKSHEET
(ATTACHMENT A to EQP 5122)

**Review these instructions before completing the following worksheet,
Attachment A of the application form EQP 5122.**

**Website available for more information and helpful hints on completing your
application - www.michigan.gov/deq/0,1607,7-135-3312_7235-8849--,00.html**

All transportation of Liquid Industrial Waste (LIW) in the State of Michigan (Michigan) must be one of the following:

1. Registered and permitted under the Uniform Hazardous Materials Program and registered under the Michigan LIW Uniform Program.
NOTE: Transportation of hazardous waste in Michigan requires participation under the National Uniform Hazardous Materials Program. Failure to maintain a proper National Uniform Hazardous Materials Program credential invalidates the LIW credential. If the credential is invalidated full participation in the registration and permit process of Michigan LIW Uniform Program is required to transport LIW in Michigan.

OR

2. Registered and permitted under the Michigan LIW Uniform Program.
NOTE: Transportation of only Michigan LIW requires completion of the Michigan "Motor Carrier Registration and Permit Application for the Uniform Program for Liquid Industrial Waste Transportation" form EQP 5122 and subsequent registration and permitting under that program.

NOTE: If registered and permitted under the Uniform Hazardous Materials Program or the Michigan Uniform LIW Program, appropriate apportioned vehicle fees must be paid for LIW transportation activity in Michigan utilizing the Michigan Department of Environmental Quality, Liquid Industrial Waste Uniform Program Fee Worksheet, Attachment A (Attachment A) to EQP 5122.

NOTE: PARTICIPATING ALLIANCE STATES IN THE UNIFORM HAZARDOUS MATERIALS PROGRAM DO NOT COLLECT AND DISTRIBUTE THESE LIW FEES. LIW FEES MUST BE PAID DIRECTLY TO THE STATE OF MICHIGAN and LIW FEES MUST BE PAID ANNUALLY.

In **Section 1, Item 1.2.A.**, provide the average number of power units owned, leased or operated for the time period indicated in Section 1 of this attachment. **(Include all fleet vehicles regardless of the state.)** For purposes of the Michigan LIW Uniform Program, the definition of a power unit is the same as "truck" and "truck tractor" as defined in 49 CFR 390.5. The following categories of vehicles may be excluded from the average reported.

- Vehicles that are used exclusively for the transportation of personnel, as opposed to freight, including fleet maintenance vehicles.

Power units that do not operate on public highways.

1

In **Section 1, Item 1.2.B.**, provide the calculation of **ALL** transportation activity for the previous year involving LIW regardless of the state. This calculation is determined by using either of the following:

1. For less than truckload shipments, divide the weight of all of the motor carrier's LIW shipments transported during the previous year by the total weight of all shipments transported during the same year.
2. For truckload shipments, divide the total number of LIW shipments during the previous year by the total number of all shipments transported during the same year.

NOTE: If the applicant is only transporting LIW, the calculation is 1.

In **Section 1, Item 1.2.C.**, provide the calculation of **ALL** transportation mileage in Michigan including LIW, hazardous material, commodities, etc. This calculation is determined by dividing the number of miles traveled in Michigan by the number of miles traveled nationwide. For interstate carriers, the International Registration Plan (IRP) calculations should be used.

NOTE: If the calculation used in either Section 1, Item 1.2.B. or C is less than 100 percent (1), complete documentation of all transportation activity and mileage must be supported and submitted with this Attachment A. As an alternative, the applicant may calculate a vehicle registration fee equal to A x \$50. Page 1 of the Uniform Program Registration and Permit Application may be used as acceptable documentation when calculation used in Section 1, Item 1.2 B or C is less than 100 percent (1).

Participation in the **National Uniform Hazardous Materials Program** requires only **Section 1 and 3 of this Attachment A to be completed**. The applicant is not required to complete the Michigan "Motor Carrier Registration Permit for the Uniform Program Application for LIW Transportation" form EQP 5122. **Submit a copy of the current National Program Credential, and a copy of Page 1 of the most recent National Program application.**

Participation in the **Michigan LIW Uniform Program** requires only **Section 1 and 2 of this Attachment A to be completed and submitted with the completed Michigan "Motor Carrier Registration Permit for the Uniform Program Application for LIW Transportation" form EQP 5122.**

General Application Certifications

- Review the certification on Attachment A and complete the needed information. Attachment A shall be signed by an official of the applicant company authorized to certify applications for registrations and permits.

Questions should be directed to:

Ms. Barbara Stevens
Transportation Section
Waste and Hazardous Materials Division
Michigan Department of Environmental Quality
27700 Donald Ct.
Warren, MI 48092-2793
Internet address: Stevensb@michigan.gov
Phone: 586-753-3850
Fax: 586-753-3831

2

**Michigan Department of Environmental
Quality Waste and Hazardous Materials Division LIQUID INDUSTRIAL WASTE
UNIFORM PROGRAM FEE WORKSHEET
ATTACHMENT A to EQP 5122**

REVIEW THE INSTRUCTIONS BEFORE COMPLETING THIS WORKSHEET

Section 1	
Time coverage for this fee schedule which covers the <u>previous</u> 12 month period: Calendar Year 20____, Or Fiscal Year – From _____ to _____	
1.1	<u>Part I - LIW General Processing Fee</u> Fee for the time period noted above: \$50 <i>NOTE: If applicant is registered under the Uniform Hazardous Materials Program, no processing fee is required for LIW.</i>
1.2	<u>LIW Annual Vehicle Registration Fee:</u> <i>NOTE: An applicant registered under either the Uniform Hazardous Materials Program or the Uniform Program for Liquid Industrial Waste, transporting LIW in Michigan, are required to pay a registration fee as computed below.</i> A. Number of Power Units (Entire Fleet) for the time coverage noted above: _____ B. Calculation of all transportation activity involving LIW: (See Note Below) _____ C. Calculation of all transportation mileage in Michigan: (See Note Below) _____ D. Apportioned Power Units: Multiply A x B x C = _____ (Round up to next whole number e.g. .239 = 1, 3.045 = 4) E. Annual Vehicle Registration Fee: D x \$50 = \$ _____ <i>NOTE: If calculation used in B and C is less than 100% (1), complete documentation of all transportation activity and mileage must be supported and submitted with this Attachment A. As an alternative, the applicant may calculate a vehicle registration fee equal to A x \$50. Place this amount in "Section 1 Summary 1.2.E" on the reverse side of this form. Page 1 of the Uniform Hazardous Materials Program Registration and Permit Application may be used as acceptable documentation when calculation in 1.2B & C is less than 100% (1).</i>
1.3	<u>Part II LIW Permit Review Fee:</u> \$500 <i>NOTE: This fee is payable the first year of application and every three years thereafter. For example, first application made in 1998, paid \$500 and again pay \$500 in 2001, 2004, etc., with reapplication. If applicant is registered under the National Uniform Hazardous Materials Program, no permit fee is required for LIW.</i>

<u>Section 1 Summary:</u>	
1.1	Part I - LIW Annual General Processing Fee: \$ 50 (Not required if Uniform Hazardous Materials Program Participant)
1.2.E.	LIW Annual Vehicle Registration Fee (From 1.2E): \$ _____
1.3	Part II - LIW Permit Review Fee (first year and every three years thereafter): <u>\$(0) or 500</u> (Not required if Uniform Hazardous Materials Program Participant)
<u>Michigan LIW Uniform Program Applicant</u> TOTAL: 1.1 + 1.2.E. + 1.3 = \$ _____ <div style="text-align: center;">OR</div> <u>Uniform Hazardous Materials Program Participant</u> TOTAL: 1.2.E = \$ _____	

Section 2 Program Information and Certification

NOTE: Michigan LIW Uniform Program Applicants Only, complete all items below EXCEPT those marked with an asterisk (*). The Form EQP5122 application, this Attachment A and fees are to be mailed to the address noted below.

NOTE: Uniform Hazardous Materials Program Participants Only, complete ALL items in this section. This Attachment A and a copy of the current uniform program credential and fees are to be mailed to the address noted below.

Company Name: _____

*Mailing Address: _____

*Contact Name: _____

(NOTE: List person knowledgeable regarding application)

*Contact Phone: _____

*Base State: _____

*Uniform Hazardous Materials Program Credential No. (Submit Copy): _____

*Uniform Hazardous Materials Program Expiration Date: _____

*USEPA Identification Number: _____

I, the undersigned, swear and affirm that the statements, documents, credentials (if applicable) and attachments are true and correct. Additionally, the removal, transportation and disposal of liquid industrial waste will be done in accordance with the requirements of Part 121, Liquid Industrial Wastes, Michigan Compiled Laws (MCL) 324.12101 et seq. and Part 111, Hazardous Waste Management (Used Oil), MCL 324.11101 et seq. of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended, and any administrative rules promulgated. I understand and affirm the authority of the Department of Environmental Quality, the Department of State Police, Department of Natural Resources, or the local law enforcement agency to perform reasonable inspections on transportation vehicles, equipment, and facilities.

Name (Owner/Officer)

Title

Telephone

Signature

Date

False statements may violate state law, may incur penalties, and may invalidate the registration and permit form.

MAKE CHECK PAYABLE TO THE "STATE OF MICHIGAN"

Mail this Attachment A, the application EQP 5122 (if applicable), copy of the National Program Credential (if applicable), copy of Page 1 of the most recent National Program Application (if applicable) and fees to the following address:

Cashiering
Michigan Department of Environmental Quality
P.O. Box 30657
Lansing, Michigan 48909

Cashiers Validation Area

For overnight/express mail delivery:

Michigan Department of Environmental Quality
Cashier's Office 5th Floor, South
525 W. Allegan St.
Lansing, Michigan 48933